

신동맥 협착증의 치료 - 득과 실

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Controversies in Management of Renal Artery Stenosis

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Renovascular hypertension is an important, potentially correctable cause of hypertension particularly in older patients with atherosclerotic vascular disease. Acute kidney injury or unexplained deterioration of kidney function during RAS blockade and episodes of flash pulmonary edema are observed prior to diagnosing renal artery stenosis. Most renal artery stenosis patients have moderate to severe hypertension. The gold standard for diagnosing tool of renal artery stenosis is renal arteriography. However, noninvasive tests (duplex Doppler ultrasonography, computed tomographic angiography and Magnetic resonance angiography) are reasonable alternatives for screening test.

The 2005 ACC/AHA guidelines recommend percutaneous revascularization for patients with hemodynamically significant atherosclerotic renal artery stenosis, unexplained recurrent congestive heart failure (CHF), or sudden pulmonary edema. Nevertheless, recent clinical trials and meta-analysis conclude that renal-artery stenting did not improve outcomes (death, progression renal failure and need for renal replacement therapy) compared with medical therapy in patients with moderate to severe atherosclerotic renal-artery stenosis. Medical therapy such as antiplatelet agents, statins and RAS blockade is the optimal choice for the majority of these patients. Further studies should investigate to identify patient subgroups that may benefit from renal-artery stenting.